



Community Development Department
625 Murray Street, Suite 7
Third Floor, Alexandria, LA 71301
Office: 318.449.5072 / Fax: 318.449.5031
cda@cityofalex.com

RE: Contractor Application Packet

Total Pages: Fourteen (14)

Contractors,

Thank you for your interest in our bid process! The City of Alexandria's Community Development Department (CmDv) manages projects for construction, repair and/or demolition that are funded by the Department of Housing and Urban Development (HUD). All projects must comply with HUD regulations, therefore, the criteria for participating requires a little more documentation than other jobs.

In order to participate in any of our Pre-Bid Conferences and/or submit a bid, the Contractor must first be registered with CmDv. Attached you will find different registration applications and a checklist of documentation to be submitted to this office at least three (3) business days prior to submitting a bid proposal. Once you are registered with Community Development, we will contact you as new bids are advertised. Once bids are advertised, you can visit our website at www.cityofalexandrialouisiana.com/community-development to download bid package.

Should you have any questions, please contact one of our Program Managers for more information. You may reach the Rehab Program Manager for construction and repair projects at 318-449-5074 or reach the Demo Program Manager for demolition or code enforcement projects at 318-449-5071. Documentation can be faxed or emailed to our contact information at the top left of this page.

We look forward to the opportunity to work with you!

Sincerely,

A handwritten signature in blue ink that reads "S. Branham".

Shirley Branham
Administrator



Contractor / Vendor Application Packet First Time Checklist

Use this list as a reference to obtain the information requested and as a checklist of the information that needs to be attached to the Contractor Application Packet.

Key	Copies of Documentation Required	Attached
1	Contractor Application Packet checklist <ul style="list-style-type: none"> • This form completed 	
2	Contractor Profile & Statement of Qualification Form <ul style="list-style-type: none"> • be sure we have your email address 	
3	<i>Current</i> General Liability Insurance of \$100,000 minimum	
4	<i>Current</i> Workers Comp Insurance (LSLBC requirement) State minimum (Contractors only)	
5	<i>Current</i> Commercial Automotive Liability Insurance State minimum (Contractors only)	
6	TIN Number (Taxpayer Identification Number) <ul style="list-style-type: none"> • Social Security Number – OR- • Employer Identification Number (W-9 Form attached) 	
7	DUNS Number (Data Universal Number System) from Dunn & Bradstreet. <ul style="list-style-type: none"> • www.fedgov.dnb.com/webform 	
8	<i>Current</i> Rapides Parish Occupational License (318-445-0296). www.laota.com <ul style="list-style-type: none"> • Not required but please provide if you have one 	
9	<i>Current</i> City of Alexandria CmDv Registration Number <ul style="list-style-type: none"> • If you are a Contractor and do not already have COA Contractor Registration Number, complete the application attached. Call (318-473-1372) to confirm number. • If you are a Vendor, a number is assigned to you after this application process. Call (318-449-5073) to confirm number. • If you have ever worked with CmDv, you should already have a number. 	
10	City of Alexandria Finance Vendor Number (318-449-5073) <ul style="list-style-type: none"> • If you do not already have a COA Vendor Number, complete the application attached. 	
11	<i>Current</i> Licensure / Registration with Louisiana State Licensing Board for Contractors. <ul style="list-style-type: none"> • www.lslbc.louisiana.gov • Minimum Residential Contractor licensure for Residential new construction projects and for Residential rehab/repair projects that specify only a roofing and/or carpentry scope of work and for Residential demolition projects • Minimum Master Plumber Contractor licensure for Residential rehab/repair projects that specify only a plumbing scope of work • Minimum Master Electrician Contractor licensure for Residential rehab/repair projects that specify only an electrical plumbing scope of work • Minimum specialty Wrecking & Dismanteling / Demolition Contractor licensure for Residential and Commercial demolition projects 	
12	<i>Current</i> EPA Lead Safe Best Practices Certification (1-800-424-5323 x.3) <ul style="list-style-type: none"> • www.epa.gov/lead/getcertified • Required for Residential Minor Rehab / repair projects (\$5,000 max limit) where lead is assumed above deminimus levels and/or noted for lead testing in the bid spec 	

Contractor / Vendor Application Packet First Time Checklist

	<ul style="list-style-type: none"> • Visit http://portal.hud.gov and search “lead” for more information 	
13	<p><i>Current</i> EPA Lead Certified Renovator Certification (1-800-424-5323 x.3)</p> <ul style="list-style-type: none"> • www.epa.gov/lead/getcertified • Required for Residential Major Rehab / repair projects (\$40,000 max limit) where lead is identified and/or noted for lead testing in the bid spec • Visit http://portal.hud.gov and search “lead” for more information 	
14	<p><i>Current</i> State Licensed Abatement Contractor for Lead and Asbestos</p> <ul style="list-style-type: none"> • Not required but provide if you have one • If awarded a Demolition Services Contract, a licensed Abatement Contractor may be required per the bid specifications. The Abatement Contractor can be hired by the awarded Contractor by subcontract, as needed. 	
15	<p><i>Current</i> System for Award Management (SAM) current listing www.sam.gov</p> <ul style="list-style-type: none"> • Company / authorized representative cannot have an active exclusion • If Company / authorized representative does have an exclusion, they will not be allowed to work on Federally funded projects. 	
16	HUD's Section 3 Certification form	
17	City of Alexandria's AFEAT Program acknowledgement	
18	City of Alexandria's Non-Discrimination acknowledgement	

CONTRACTOR / VENDOR Profile Form

All questions shall be answered and the data given must be clear and comprehensive. If necessary, questions may be on separate attached sheets. Signature is required prior to submittal.

Line	Documentation need:	Contractor / Vendor Input:
1	Company Name:	
2	Authorized Representative Name & Title:	
3	Authorized Representative Phone:	
4	Company / Contact Email Address:	
5	Company Mailing Address:	
6	Company Office Phone Number (must be different than above):	
7	Company Incorporation Date:	
8	Years performing this work type:	
9	DUNS#:	
10	TIN # or Social Security #:	
11	COA Vendor #:	
12	COA Contractor Registration #:	
13	Is Company listed on SAMS as an EXCLUDED Contractor? (pick 1 of 2)	Yes, Company IS Excluded from performing federal work No, Company is NOT Excluded from performing federal work
14	Company Owner Gender? (pick 1 of 4)	Male / Woman / Transgender / Other
15	Company Owner Race? (pick 1 of 6)	White / African American / Asian / Multi-racial American Indian-Alaska Native / Native Hawaiian-Pacific Islander
16	Company Owner Ethnicity? (pick 1 of 2)	Hispanic or Latino / Non-Hispanic or Latino
17	Company Owner Minority?	No / Yes, as a MBE / Yes, as a WBE / Yes, as a DBE
18	List past project (within 2 years) reference name & phone number: #1	
19	List past project (within 2 years) reference name & phone number: #2	
20	List past project (within 2 years) reference name & phone number: #3	
21	Has the Company defaulted on a work contract? (pick 1 of 2)	No, never / Yes, because _____
22	Have the Company ever worked for COA Community Development?	No, first time / Yes, in what year? _____

I attest that the information above is true and correct. _____
 Authorized Representative signature & date

ALEXANDRIA's CmDV - CONTRACTOR REGISTRATION APPLICATION

625 Murray Street, Suite 310, Alexandria, LA 71301

cda@cityofalex.com

Office (318) 449-5072

Fax (318) 449-5031

A COA Competency Registration Number will be assigned to each Individual registered to perform work or call for inspections in the City of Alexandria. This number will cover all disciplines of work listed per Individual and will be the permanent number for that Registrant. Annual registration reminders and applicable fee notices will be sent out on November 1st and will be due by December 31st every year. Inspections will ONLY be granted to those Individuals / Contractors who HAVE completed their registration renewal and paid applicable fees before January 30th of the subsequent year. Send payments and documentation to City of Alexandria Community Services Division, Attn: Community Development Department, 625 Murray Street, Suite 310, Alexandria, LA 71301. You may also email completed application to cda@cityofalex.com.

A. Identification - Contractor (all correspondence sent through email unless requested otherwise)

Business Name		Business Contact Name	
Business Mailing Address - Street, City, State, Zip		Business Phone Number	
Business Email Address		Business Fax Number	
License Holders First Name, Initial, Last Name <small>(Complete 1 form for each person responsible for requesting inspections)</small>		License Holders Phone Number	
License Holders Mailing Address - Street, City, State, Zip		License Holders Mobile Number	
License Holders Email Address			
Active LA State License Number	State License Description (Attach multiple sheets if needed)		
Active LA State License Number	State License Description		

City of Alexandria Registration Type Description (Check all that apply) *****See registration requirements on reverse side**

- | | | |
|---|---|---|
| <input type="checkbox"/> Commercial Building Contractor | <input type="checkbox"/> Licensed Mechanical Contractor | <input type="checkbox"/> Master Plumber |
| <input type="checkbox"/> Residential Building Contractor | <input type="checkbox"/> Unlicensed Mechanical Contractor | <input type="checkbox"/> Journeyman Plumber |
| <input type="checkbox"/> Home Improvement Contractor | <input type="checkbox"/> Master Gas Fitter | <input type="checkbox"/> Apprentice Plumber |
| <input type="checkbox"/> Demolition Contractor | <input type="checkbox"/> Journeyman Gas Fitter | <input type="checkbox"/> Journeyman Repair Plumber |
| <input type="checkbox"/> CDA Registered Rehab Contractor | <input type="checkbox"/> Apprentice Gas Fitter | <input type="checkbox"/> WSPS Installer |
| <input type="checkbox"/> CDA Registered Demo Contractor | <input type="checkbox"/> Master Appliance Fitter | <input type="checkbox"/> Irrigation Contractor |
| <input type="checkbox"/> Insulation Inspection Certified Tester | <input type="checkbox"/> Journeyman Appliance Fitter | <input type="checkbox"/> Master Electrician |
| <input type="checkbox"/> Blower Door Certified Tester | <input type="checkbox"/> Apprentice Appliance Fitter | <input type="checkbox"/> Maintenance Electrician |
| <input type="checkbox"/> Duct Leakage Certified Tester | <input type="checkbox"/> Authorized Employee | <input type="checkbox"/> Electrical Sign Contractor |

B. Signature of Applicant Copy of Drivers License or photo id provided Yes No

1. I acknowledge that all Contractors must be registered to perform work in the City of Alexandria PRIOR to starting work. All requested documentation is provided with this application. All applicable employees of a business who are responsible for work or requesting inspections shall also be registered individually, if required by that specific discipline.

Signature _____ Date _____

COA Registration Number	Bond Limit - copy provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Insurance Limit - copy provided <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Registration Fee Enclosed	Check Number of Fee Payment	COA In-House (Received Date)

Comments: _____

COA In-house only

COA In-house only

COA - CONTRACTOR REGISTRATION INFORMATION SUPPLEMENTAL

625 Murray Street, Suite 310, Alexandria, LA 71301

Office (318) 449-5072 Fax (318) 449-5031

Below is the list of additional information to be submitted with the Contractor Registration Application. Bond amount, insurance limits and applicable fees are listed per Registration Classification Type. See the Louisiana Contractors Licensing Law for details at www.lslbc.louisiana.gov.

All inspections must be scheduled through the Call Center at 318-441-6333. Inspections must be requested 24 hours in advance. You are required to provide the following information when requesting inspections: *Building Permit #, *Street Address (NOT the lot #), *Type of inspection needed, *Description of work to be performed, *Contact name & number of person requesting inspection.

NOTE: COA Community Development has additional requirements for persons performing work with that Department. Call 318-449-5072 for more information about Community Development requirements.

<p>CmDv Approved Contractor Rehab/Demo</p>	<ol style="list-style-type: none"> Commercial Building Contractor is required to be State Licensed for all contracts of \$50,000 or more. They can also perform Residential work up to \$75,000 and/or Demolition work up to \$50,000. Residential Building Contractor is required to be State Licensed for all contracts of \$75,000 or more. Register every person individually within a company who holds a license and will be communicating with City on projects. Registration fees: Commercial Building = \$waived, Residential Building = \$waived, Demolition / Building Wrecking = \$waived. 	<p>Additional Insurance requirements are MANDATORY!</p>
<p>Building or Home Improvement Contractor</p>	<ol style="list-style-type: none"> Commercial Building Contractor is required to be State Licensed for all contracts of \$50,000 or more. Residential Building Contractor is required to be State Licensed for all contracts of \$75,000 or more. Home Improvement Contractor is required to be State Licensed for all contracts from \$1,500 to \$75,000. Building Contractors shall provide copy of General Liability Insurance coverage for minimum of \$100,000. Register each person individually within a company who will be calling for inspections. Include a copy of State drivers license or photo id. Registration fees: Commercial Building = \$15.00, Residential Building = \$10.00, Home Improvement = \$5.00. Registration fees: Licensed Swimming Pool = \$10.00, Unlicensed Swimming Pool = \$5.00. 	<p>Insurance & fee requirements waived until 2020!</p>
<p>Demolition Contractor</p>	<ol style="list-style-type: none"> Demolition Contractor is required to be State Licensed for all contracts of \$50,000 or more for Commercial projects. State Licensure a Home Improvement Contractor is required for all Residential demolitions that are NOT the persons primary residence. COA Community Development has additional requirements for persons performing Demolition work. Contact 318-449-5071 for more info. Building Contractors shall provide Surety Bond for \$5,000 made out to COA and General Liability Insurance coverage for \$100,000 minimum. Register every person individually within a company who will be calling for inspections. Registration fees: Licensed Demolition Contractor = \$10.00, Home Improvement Contractor = \$5.00. 	<p>Insurance & fee requirements waived until 2018!</p>
<p>HVAC</p>	<ol style="list-style-type: none"> Mechanical Contractor is required to be State Licensed for any contract work over \$10,000. Copy of State drivers license or phot id for each person registered. Mechanical Contractors shall provide Surety Bond for \$5,000 and General Liability Insurance coverage made out to COA for \$100,000. Register every person individually within a company who will be calling for inspection and performing the work. Registration fees: Licensed Mechanical Installer = \$10.00, Unlicensed Mechanical Installer = \$5.00. 	<p>Insurance & fee requirements waived until 2018!</p>
<p>WSPS or Irrigation Plumber</p>	<ol style="list-style-type: none"> Any person engaging in any type of plumbing work shall be State Licensed, regardless of contract work amount. Copy of State drivers license or photo id for each person registered. Plumbing Contractors shall provide Surety Bond for \$1,000 made out to COA and General Liability Insurance coverage for \$100,000 minimum. Bond and Insurance coverage is not required for Journeyman Plumber of Apprentice Plumber. Register every person individually within a company who will be performing work. Registration fees: WSPS Plumber = \$5.00, Irrigation Plumber = \$5.00. 	<p>Insurance & fee requirements waived until 2018!</p>
<p>CmDv Plumber Required!</p>	<ol style="list-style-type: none"> Any person engaging in any type of plumbing work shall be State Licensed, regardless of contract work amount. Copy of State drivers license or photo id for each person registered. Plumbing Contractors shall provide Surety Bond for \$1,000 made out to COA and General Liability Insurance coverage for \$100,000 minimum. Bond and Insurance coverage is not required for Journeyman Plumber of Apprentice Plumber. Register every person individually within a company who will be performing work. Registration fees: Master Plumber = \$10.00, Journeyman Plumber = \$5.00, Journeyman Repair Plumber = \$5.00, Apprentice Plumber = \$2.00. 	<p>Additional Insurance requirements are MANDATORY!</p>
<p>CmDv Gas (Plumber) Required!</p>	<ol style="list-style-type: none"> Any person engaging in any type of plumbing work shall be State Licensed, regardless of contract work amount. Copy of State drivers license or photo id for each person registered. Gas Contractors shall provide Surety Bond for \$5,000 made out to COA and General Liability Insurance coverage for \$100,000 minimum. Bond and Insurance coverage is not required for Journeyman or Apprentice Gas Fitter, or Journeyman or Apprentice Appliance Fitter. Register every person individually within a company who will be performing work. Registration fees: Master Gas Fitter = \$5.00, Journeyman Gas Fitter = \$1.00, Apprentice Gas Fitter = \$1.00. Registration fees: Master Appliance Fitter = \$5.00, Journeyman Appliance Fitter = \$1.00, Apprentice Appliance Fitter = \$1.00. 	<p>Additional Insurance requirements are MANDATORY!</p>
<p>CmDv Electrician Required!</p>	<ol style="list-style-type: none"> Electrical Contractor is required to be State Licensed for any contract work over \$10,000. Copy of State drivers license or photo id for each person registered. Electrical Contractors shall provide Surety Bond for \$2,500 made out to COA and General Liability Insurance coverage for \$100,000 minimum. Register only the Master Electrician, Sign Contractor or Maintenance Electrician who is responsible for performing work. Registration fees: Master Electrician = \$25.00, Electrical Sign Contractor = \$12.50, Maintenance Electrician = \$10.00. 	<p>Additional Insurance requirements are MANDATORY!</p>
<p>Other: Specify</p>	<ol style="list-style-type: none"> Hazardous Materials Contractor is required to be State Licensed for any contract work of \$1.00 or more. An "Authorized Employee" is someone who works for a State Licensed Contractor, but does not hold their own license and has the authority to call for Inspections on behalf of their business employer. Certified Tester (Duct Leakage Tester, Blower Door Tester, Insulation Tester) all required to be certified by nationally recognized organization that trains and provides certification exams for proper procedures to perform such test. Provide copy of Testers certification and their certifier's certification. Registration fees for all Certified Tester types = \$25.00. 	



NEW VENDOR INFORMATION

The Internal Revenue Service (IRS) requires us to request a taxpayer identification number for all vendors we have made payment for goods and/or services to. You may be subject to penalties imposed by the Internal Revenue Service (IRS) if you do not provide us with the correct taxpayer identification number.

Please complete the form below and attached form W-9.

Name (as shown on income tax return): _____

Business Name (if different from above): _____

Contact Name: _____

Physical Address: _____

Billing Address: _____

Phone Number: _____ FAX Number: _____

Type of Business _____

Product (office supplies, furniture, transformers etc.) Service (janitorial, catering etc.)

Please check all that apply:

- (DBE) Disadvantaged Business Enterprise (Black American, Hispanic American, Native American, Asian Pacific American, Subcontinent Asian American)

Applicants who are not members of a designated group must submit supporting evidence of individual social disadvantage to be considered a DBE business.

- (MBE) Minority Business Enterprise – At least 51% ownership by one or more minority groups (Black American, Hispanic American, Native American, Asian Pacific American, Subcontinent Asian American)

- (WBE) Women Business Enterprise (51% ownership and 51% management of day-to-day operation by women)

- (None of the above)

Signature _____

I hereby certify that the information provided on this document and supporting documents is true and accurate.

Please return completed form and W-9 to City of Alexandria- Purchasing Department, P. O. Box 71, Alexandria, LA 71309-0071 or you may FAX your information to FAX 318-441-6185

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ²
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ²
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

*Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3
PREFERENCE IN CONTRACTING AND DEMONSTRATION OF CAPABILITY**

Name of Business _____

Address of Business _____

Type of Business: Corporation Partnership
 Sole Proprietorship Joint Venture

Attached is the following documentation as evidence of status:

For Business claiming status as a Section 3 resident-owned enterprise:

- | | |
|--|---|
| <input type="checkbox"/> Copy of resident lease | <input type="checkbox"/> Copy of receipt of public assistance |
| <input type="checkbox"/> Copy of evidence of participation
in a public assistance program | <input type="checkbox"/> Other evidence |

For business entity as applicable:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Articles of Incorporation | <input type="checkbox"/> Certificate of Good Standing |
| <input type="checkbox"/> Assumed Business Name Certificate | <input type="checkbox"/> Partnership Agreement |
| <input type="checkbox"/> List of owners/stockholders and
% ownership of each | <input type="checkbox"/> Corporation Annual Report |
| <input type="checkbox"/> Organization chart with names and titles
and brief function statement | <input type="checkbox"/> Latest Board minutes appointing officers |
| | <input type="checkbox"/> Additional documentation |

For business claiming Section 3 status by subcontracting 25 percent of the dollar awarded to qualified Section 3 business:

- List of subcontracted Section 3 business(es) and subcontract amount

For business claiming Section 3 status, claiming at least 30 percent of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business:

- | | |
|--|--|
| <input type="checkbox"/> List of all current full-time employees | <input type="checkbox"/> List of employees claiming Section 3 status |
| <input type="checkbox"/> PHA/IHA Residential lease less than 3
years from day of employment | <input type="checkbox"/> Other evidence of Section 3 status less than 3
years from date of employment |

Evidence of ability to perform successfully under the terms and conditions of the proposed contract:

- Current financial statement
- Statement of ability to comply with public policy
- List of owned equipment
- List of all contracts for the past two years

Authorizing Name and Signature

(Corporate Seal)

Attested by: _____



Community Development Department
625 Murray Street, Suite 7
Third Floor, Alexandria, LA 71301
Phone: 318.449.5072 / Fax: 318.449-5031
Email: cda@cityofalex.com

Alexandria Fairness, Equality, Accessibility, and Teamwork Program (AFEAT)

As a Contractor working with Community Development office and programs, I agree to show a good faith effort to comply with the City's AFEAT (*Alexandria Fairness, Equality, Accessibility, and Teamwork*) Program where participation by minority and/or disadvantaged business enterprise firms is encouraged. The goals for qualifying disadvantaged, minority and female owned business subcontracting for work performed under prime contracts and other such information deemed necessary, at a minimum for prime contractors include:

Goal for minority owned business participation is 15%

Goal for female owned business participation is 7%

I acknowledge that Prime Contractors will help effectuate the goals of increasing: the competitive viability of small business, minority, and women business enterprise by providing contract, technical, educational, and management assistance; business ownership by small business persons, minority persons, and women (including professional service opportunities); and the procurement of services, articles, equipment, supplies, and materials from business concerns owned by small business concerns, minority persons, and women.

I acknowledge that Prime Contractors offering subcontracting should take specific action to ensure that a bona fide effort is made to achieve maximum results towards meeting the established goals. Primes shall document efforts and shall implement steps at least as extensive as the following in a good faith effort to reach or exceed the established goals:

- A. *Establish and maintain a current list of minority and female owned businesses in Alexandria, in Rapides Parish, and in the State of Louisiana.*
- B. *Document and maintain a record of all solicitations of offers for subcontracts from minority or female construction contractor and suppliers in Alexandria, in Rapides Parish, and in the State of Louisiana.*
- C. *Secure listing of minority and women owned businesses from the City of Alexandria Purchasing Department, the Central Louisiana Business Incubator, and the State of Louisiana Department of Minority Affairs.*
- D. *Participate in associations which assist in promoting minority and women owned businesses such as the Central Louisiana Business League, the Central Louisiana Business Incubator, and the Entrepreneurial League System.*
- E. *Designate a responsible official to monitor all activity made in the effort to achieve or exceed the established goals; record contacts made, subcontracts entered into with dollar amounts, and other relevant information.*

I acknowledge that for more information on AFEAT and the City of Alexandria's Diversity in Action Initiative, and to explore a local and statewide directory of minority businesses, I may visit www.diversityinaction.org . If I have any questions or comments, I may contact the City's Legal Department at 318-449-5046.

I attest to show a good faith effort to comply with the City's AFEAT program on any bid proposal awarded through the City's Community Development program. I acknowledge that signature below shall apply to all projects I submit a bid and failure to do so may result in automatic bid rejection / contract termination. I acknowledge that this form will expire annually and shall be required as part of the qualification process in order to participate in the Community Development's bid process.

Contractor's Printed Name

Contractor's Signature & Date



Community Development Department
625 Murray Street, Suite 7
Third Floor, Alexandria, LA 71301
Office: 318.449.5072 / Fax: 318.449.5031
cda@cityofalex.com

Non-Discrimination Statement

In order to be eligible to participate in work under the direction of City of Alexandria Community Development Department, the Contractor certifies that:

1. No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, religion or gender in connection with any bid submitted to the City of Alexandria or the performance of any contract resulting from this project or any other City of Alexandria project;
2. That it is and shall be the policy of Contractor to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with Contractor, including those companies owned or controlled by racial minorities, cultural minorities, and women;
3. In connection therewith, we acknowledge and warrant that we has been made aware of and understand and agree to take affirmative action to provide such companies/subcontractors with the maximum opportunities to do business with us;
4. That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in effect continuously;
5. That the promises of non-discrimination as made and set forth herein, shall be deemed to be made part of, and incorporated by reference, into any contract or portion thereof which Contractor may hereafter obtain from the City of Alexandria;
6. That the failure of Contractor to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Alexandria to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to termination of the contract, suspension, debarment from future contracting opportunities, or the withholding or forfeiture of compensation due and owing on a contract.

I acknowledge the participation goals request above.

Authorized Representative signature & date

